

**Federal Agency Appraisal Form**  
Small Business and Agriculture Regulatory Enforcement Fairness Act  
(SBREFA)

Case # \_\_\_\_\_

(Ombudsman Use)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Contact Name/Title: \_\_\_\_\_

Please indicate organization type:

\_\_\_\_\_ Small Business (a small business concern which qualifies as a small business under the criteria and size standards in 13 CFR Part 121.)

Type of Business (check):      Service      Manufacturing      Wholesale/Retail      Construction

\_\_\_\_\_ Not-for-Profit (a small organization that is a not-for-profit enterprise, independently owned and operated, and not dominant in its field)

\_\_\_\_\_ Governmental (government of city, county, town, township, village, school district or special district with a population of less than 50,000)

In addition to the following information, please attach a statement specifying the facts relevant to your compliance or enforcement experience with the federal regulatory agency. (see instructions)

Federal Agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Office/Division: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Confidentiality / Disclosure\*\***

Please select one of the following options. If you do not select an option, Option 1 will be assigned to your case.

1. \_\_\_\_\_ My identity and the identity of my small business may be disclosed only to the Office of the Ombudsman and the Regional Fairness Board.
2. \_\_\_\_\_ My identity and the identity of my small business may be disclosed only to the relevant federal government agency (EPA, IRS, OSHA, etc.), the Ombudsman's Office and the Regional Fairness Board.
3. \_\_\_\_\_ My identity and the identity of my small business may be fully disclosed and made public. (see instructions)

\*\*Unless Option 3 is selected, Federal laws, 5 USC § 552(b) and 15 USC § 657(b)(2)(B), protect from disclosure the identity of the person and of the small business concern submitting this form.

**Signature of Business Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Pursue all legal options you believe are in your company's best interest.**



**This process is not a substitute for legal action.**

**Please Note:** The estimated burden for completing this form is 55 minutes. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0313), Washington, D.C. 20503.

OMB Approval No. - 3245-0313

Expiration Date:- 6-30-2000

## Instructions for Completing the Federal Agency Appraisal Form

### To record your comment, please:

- Fill out each section of the form;
- Print or type the information;
- Select an appropriate confidentiality / disclosure option;
- Sign and date the form, and;
- Enclose two (2) copies of all supporting materials you are sending with the Form.

### Information to include with the Agency Appraisal Form:

- Describe briefly the positive and negative aspects of the agency contact with your small business (for example, your perceptions about the courtesy, professionalism, knowledge base and training of the agency personnel who contacted the small business).
- Describe briefly how the agency could have served your small business better.
- Describe briefly the enforcement or compliance inspection or review activity performed and its result.
- If an enforcement action was taken, provide specific facts and supporting documentation such as correspondence between your small business and the agency, starting with the date of your first agency contact (the agency's enforcement or other letters, such as a citation, a copy of your business' canceled check to the agency, etc.—also see Confidentiality / Disclosure, below)
- Provide a statement that estimates the number of employees and net revenues for the year in which the compliance or enforcement action or inspection/review activities took place.
- Enclose two (2) copies of all supporting materials you are sending with the Form.

### Confidentiality / Disclosure

If you have chosen disclosure Option 3, *"My identity and the identity of my small business may be fully disclosed and made public"*, any and all information you provide to the Ombudsman's Office will be subject to full disclosure to any person who files a request to see this information under the federal Freedom of Information Act (FOIA). If you select Option 3, please keep this in mind in deciding which materials to provide to the Ombudsman's Office in support of your concern with the federal agency.

### Important Information about this program:

- Only federal government agency regulatory compliance and enforcement actions are covered by the process.
- Neither the Ombudsman nor the Regulatory Fairness Boards can overrule an agency decision or stay an action.
- This process is not a substitute for any legal action you may choose to exercise. You should pursue all options you believe to be in your best interest.

**Please Note:** The Ombudsman/Fairness Board process has no effect on your rights or obligations under the procedures of the agency on which you are commenting. You must still comply with all of that agency's processes and procedures.

### Return the completed, signed and dated form and supporting materials to:

Gail McDonald, National Ombudsman  
Small Business Regulatory Enforcement Fairness  
U. S. Small Business Administration  
500 West Madison, Suite 1240  
Chicago, IL 60661  
Telephone: 1-888-REG-FAIR (734-3247)  
202/205-2417  
Fax: 202/481-2673